

ISSUE SLIP STAPLE AREA: (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | MJF | | 10/22/64 |
| O.I.P.E. CLASSIFIER | | 59 | 10/28 |
| FORMALITY REVIEW | KD | 68972 | |

INDEX OF CLAIMS

| | | |
|------------------------------|---|--------------|
| Rejected | N | Non-elected |
| Allowed | I | Interference |
| - (Through numeral) Canceled | A | Appeal |
| + Restricted | O | Objected |

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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